MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11609

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester; LENGTH OF STAY (In this place) 1 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wells Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) NELLIE (Middle) A (Last) ALLGIRE

4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 1949

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wd | 8. DATE OF BIRTH May 16 1880 | 9. AGE last birthday 69 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Own home | 11. BIRTHPLACE (State or foreign country) Md | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Vincent Valentine | 14. MOTHER'S MAIDEN NAME Marian Todd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. — | 17. INFORMANT A. Claude Allgire

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
33	Immediate cause	(a) Cerebral hemorrhage.	8 wks.
33a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to Dec 3, 1949, that I last saw the deceased alive on Dec 2, 1949, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE W. C. Jennette | (Degree or title) | ADDRESS Westminster Md | DATE SIGNED 4-6-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 12-6-49 | NAME OF CEMETERY OR CREMATORY St Paul's | LOCATION (City, town, or county) (State) Arcadia, Baltimore Md

DATE REC'D BY LOCAL REG. Dec 5 | REGISTRAR'S SIGNATURE Mrs. W. P. S. Denner | 24. FUNERAL DIRECTOR Edw. Tipton, Hampstead | ADDRESS Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
DEC 10 1949
BUREAU V. S.

11610

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH · COUNTY: CARROLL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WESTMINSTER — LENGTH OF STAY (in this place): LIFE	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WESTMINSTER
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ROUTE 5	STREET ADDRESS (If rural, give location): ROUTE 5

3. NAME OF DECEASED (Type or Print)	(First) EVELYN	(Middle) MARGARET	(Last) BEAVER	4. DATE OF DEATH	(Month) DEC.	(Day) 1	(Year) 1949
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW	8. DATE OF BIRTH: MAY 27, 1872	9. AGE last birthday: 77 yrs.	If under 1 year: Months.	Days	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE	10b. KIND OF BUSINESS OR INDUSTRY: NONE	11. BIRTHPLACE (State or foreign country): PENNSYLVANIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: ISAAC RANULL	14. MOTHER'S MAIDEN NAME: ADELINE NOEL						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): —	16. SOCIAL SECURITY No.: NONE	17. INFORMANT AND ADDRESS: JOSEPH BEAVER, WESTMINSTER, MD.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Thrombosis	2 hrs
420.1 Antecedent cause(s)		Arterio Sclerosis General	several years
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Hypertension & Chronic	
	(c)	Myocarditis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 3, 1949, to Dec 1, 1949, that I last saw the deceased alive on Nov 30, 1949, and that death occurred at 10:15P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W Glenn Speicher		Westminster Md	12/2/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: DEC. 5. 1949	NAME OF CEMETERY OR CREMATORY: ST. JOHN'S CATHOLIC CEM.	LOCATION (City, town, or county): WESTMINSTER (State): MD.
DATE REC'D BY LOCAL REG.: 12/3/49	REGISTRAR'S SIGNATURE: [signature]	24. FUNERAL DIRECTOR: J. FRANCIS REESE	ADDRESS: WESTMINSTER, MD.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11611

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (In this place): since 4/29/40
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural give location): 2329 Reisterstown Road

3. NAME OF DECEASED (Type or Print): (First) Phillip (Middle) --- (Last) BERLIN

4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: Benjamin Berlin

14. MOTHER'S MAIDEN NAME: Sarah Weinberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Biliary peritonitis	about 6 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gangrena of gall bladder	unknown
	(c)	

585
1241

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized and cerebral arteriosclerosis — 17 years

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---

(CITY OR TOWN) (COUNTY) (STATE): ---

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Dec. 29, 1949, that I last saw the deceased alive on Dec. 29, 1949, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M. D.
Martin Gross, M.D.

ADDRESS: Sykesville, Maryland

DATE SIGNED: 12/29/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12-30-49

NAME OF CEMETERY OR CREMATORY: Hebrew Friendship

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: Dec. 29, 1949

REGISTRAR'S SIGNATURE: C. Harry Weed

24. FUNERAL DIRECTOR: Jack Lewis, Inc.

ADDRESS: 2100 Eastern Place

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JAN 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11612

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 5mos. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 17
STREET ADDRESS (If rural, give location): 1411 Division St.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
THEODORE		BLACK, JR.	Dec.	23	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Negro	Single	July 19,1923	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Wayne County, N. Carolina	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Theodore Black, Sr.	Lillie Mae Whitney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	243-26-7114	Miss Gladys Black (Sister) 1411 Division St.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	6/3/49
Antecedent cause(s)		
002 138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Sarcoidosis	1943
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from July 11, 1949, to Dec. 23, 1949, that I last saw the deceased alive on Dec. 23, 1949, and that death occurred at 8:00 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hyman, M.D.		Henryton, Maryland	12/23/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 26, 1949	Old Hill Cemetery	Goldsboro, N. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/23/49	Albert R. Swankland Deputy Local	Holland Funeral Home	1651 Druid Hill Ave.

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DEC 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11613

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton; LENGTH OF STAY (in this place): 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: enryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: ; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 1, ; STREET ADDRESS (If rural, give location): 794 W. Mulberry St., ✓

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) (Last) BOND

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Seperate

8. DATE OF BIRTH: Sept. 12, 1903

9. AGE last birthday: 46 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Windsor, N. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Stewart Bond

14. MOTHER'S MAIDEN NAME: Edwina Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 216-10-2582

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Pulmonary Tuberculosis — Interval Between Onset and Death: January, 1942

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 30, 19 49, to Dec. 4, 19 49, that I last saw the deceased alive on Dec. 4, 19 49, and that death occurred at 3:40 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Julien Hoffman, M.D. ADDRESS: Henryton, Md. DATE SIGNED: 12/4/49

23. BURIAL, CREMATION REMOVAL (Specify): DATE: 12/14/49 NAME OF CEMETERY OR CREMATORY: Released to Anatamy Board of the State of Maryland LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG. 12/4/49 REGISTRAR'S SIGNATURE: Albert Trumbauer Deputy Local

24. FUNERAL DIRECTOR ADDRESS: M.D. Samuel T. Hensley 578 W. Biddle Street

RECEIVED
DEC 22 1949
BUREAU F. D.

11614

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 112 Penna. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): 112 Penna. Ave.

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) C. (Last) Bowers
4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1949

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: May 27-1875
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Police Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Westminster Md.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Bowers
14. MOTHER'S MAIDEN NAME: Susan Feeser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Helen Groft 112 Penna. Ave. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Hypertensive Cardio-vascular disease — 2 yrs

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to Dec 18, 1949, that I last saw the deceased alive on Dec 18, 1949, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE: James T. Marsh — (Degree or title): M.D. — ADDRESS: Westminster Md. — DATE SIGNED: Dec 19-1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Dec. 21-1949 — NAME OF CEMETERY OR CREMATORY: Kridere Cemetery — LOCATION (City, town, or county): Westminster R.D. — (State): Md.

DATE REC'D BY LOCAL REG.: [illegible] — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: H Bankard & Son — ADDRESS: Westminster Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 22 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11615

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
LENGTH OF STAY (in this place): since 5/11/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural give location): Route #1 Box 277

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Raymond (Last) BUSSLER

4. DATE OF DEATH: (Month) Dec. (Day) 6th (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): separated

8. DATE OF BIRTH: 12/30/1899

9. AGE last birthday: 49 yrs.
If under 1 year: Months — Days —
If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Draftsman

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Williamsport, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Arthur C. Bussler

14. MOTHER'S MAIDEN NAME: Mary Woods

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service): unknown

16. SOCIAL SECURITY No.: unknown

17. INFORMANT: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Psychosis with syphilitic meningo-encephalitis	1½ yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilis	5½ yrs.
	(c) Dissecting aneurysn of the aorta	Indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — more than 6 months

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ---
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) ---

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Nov. 4th, 19 49, to Dec. 6th 19 49, that I last saw the deceased alive on Dec. 6th, 19 49, and that death occurred at 1:05 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M.D. — ADDRESS: Sykesville, Maryland — DATE SIGNED: 11/6/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12-16-49
NAME OF CEMETERY OR CREMATORY: Springfield Hospital
LOCATION (City, town, or county) (State): Sykesville, Md.

DATE REC'D BY LOCAL REG.: Dec. 16, 1949
REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR: C. H. Weer — ADDRESS: Sykesville, Md.

RECEIVED
DEC 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11616

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead (Rural) — LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead - Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) SAMUEL — (Middle) CLARENCE — (Last) CALP

4. DATE OF DEATH: (Month) Dec (Day) 7 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: July 14-1883

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: County Roads

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F Calp

14. MOTHER'S MAIDEN NAME: Mary E Roebaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 214-28-5270

17. INFORMANT: Mrs Samuel Calp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420,1 Immediate cause (a) Coronary Occlusion — Suddenly

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease — ?

(c) Chronic Myocarditis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Hnme, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1949, to Dec 7, 1949, that I last saw the deceased alive on Nov 14, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph E Bush M.D. Hampstead Md 12-7-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 12-10-49 | NAME OF CEMETERY OR CREMATORY St Peters | LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. Dec. 8, 1949 | REGISTRAR'S SIGNATURE John Hughes Jr | 24. FUNERAL DIRECTOR Edeo Shipton | ADDRESS Hampstead Md

RECEIVED
DEC 10 1949
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11617

CERTIFICATE OF DEATH

Reg. Dist. No. 78

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport — LENGTH OF STAY (If this place) 39 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newport
STREET ADDRESS (If rural, give location) Rural--New Windsor

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) E. (Last) COSTLEY
4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1949
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 4- 1860
9. AGE last birthday: 89 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.
13. FATHER'S NAME: ?? Wilkins
14. MOTHER'S MAIDEN NAME: Mary Jane Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Margaret A. Costley, New Windsor, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardo-Vascular-Renal Desease — Interval Between Onset and Death: 3 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) due to Advanced Arterio-sclerosis — ? yrs

(c) due to Senility — ? yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

442
131a

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/11/46, 19....., to ....., 19....., that I last saw the deceased alive on 12/9/49, 19....., and that death occurred at 5:15P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Stanley Grabill M.D. Mt. Airy, Md. 12/10/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 12-14-1949 — NAME OF CEMETERY OR CREMATORY: Fairview — LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG. 12-12-49 — REGISTRAR'S SIGNATURE: E. M. Fawer

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md. — ADDRESS

RECEIVED
DEC 19 1949
BUREAU V. S.

Evidence for change in #9 shown on:

FILM No. G 123 JAN 11 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11618

Reg. Dist. No. 74

1. PLACE OF DEATH· COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 10 mos. 16 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltmore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital	STREET ADDRESS (If rural, give location) 641 Pierce St.

3. NAME OF DECEASED (Type or Print) (First) CALLIE (Middle) DEESE (Last)			4. DATE OF DEATH (Month) Dec (Day) 27 (Year) 1949		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 21, 1901	9. AGE last birthday ~~47~~ 48 yrs.	If under 1 year Months. Days / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Wingate, N. Carolina	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Wilson Deese			14. MOTHER'S MAIDEN NAME Frances Thomas		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO. 380-09-8326	17. INFORMANT AND ADDRESS Deceased		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Aug., 1948

002 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 27 1949 600 m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1949, to Dec. 27, 1949, that I last saw the deceased alive on Dec. 27, 1949, and that death occurred at 6:05 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton Carroll Md.	12/27/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 12/28/49	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Balto City
DATE REC'D BY LOCAL REG. 12/27/49	REGISTRAR'S SIGNATURE Albert R. Swankham	24. FUNERAL DIRECTOR L. L. Brown & Son 108 W Montgomery St.	ADDRESS

Local Deputy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11619

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Freedom
LENGTH OF STAY (If not in this place): 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Freedom
STREET ADDRESS (If rural give location): Rural--Sykesville P.O.

3. NAME OF DECEASED (Type or Print): (First) GRACE (Middle) V. (Last) DEVRIES

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 4-28-1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph T. Stem

14. MOTHER'S MAIDEN NAME: Charolette Wilt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Geo. W. De Vries, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) diabetes mellitus — 1936

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) hypertensive cardiovascular disease with — 1935
(c) arteriosclerosis and myocarditis

260 61

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: senile changes

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1935, 19..., to 10 Dec, 1949, that I last saw the deceased alive on 10 Dec, 1949, and that death occurred at 9:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. M. Lawrence, M.D. Liberty Rd. Sykesville P.O. Md. 12/12/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: 12-12-1949
NAME OF CEMETERY OR CREMATORY: Wesley-Freedom
LOCATION (City, town, or county) (State): Freedom, Carroll Co, Md.

DATE REC'D BY LOCAL REG.: Dec. 12, 1949
REGISTRAR'S SIGNATURE: Clancy Keen

24. FUNERAL DIRECTOR: C. M. Waltz, Winfield, Md.
ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
DEC 15 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11620

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville | LENGTH OF STAY (in this place) since 7/12/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 2018 Eutaw Place, Balto. 17, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	---	DONNELLY #2	Dec.	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	10/10/1865	84 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Collector - real estate	---	New Orleans, Louisiana	United States

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Donnelly	Mary Duffy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
unknown	unknown	unknown	Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 — **Immediate cause** (a) Chronic myocarditis and myocardial degeneration — unknown

131a — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — more than ½ year

(c) Nephrosclerosis — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — about 3 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
---	---	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---	---	---		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--- m.	---	---

22. I hereby certify that I attended the deceased from Sept. 14, 1949, to Dec. 14, 1949, that I last saw the deceased alive on Dec. 14, 1949, and that death occurred at 8:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin Gross, M.D.	Martin Gross, M.D.	Sykesville, Maryland	12/15/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec 19/49	St. Patricks Cemetery	New Orleans La

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-16-49	C. Harry Weis	John O. Mitchell & Son	1900 Eutaw Place Balto. Md.

RECEIVED
DEC 17 1949
BUREAU V. S.

11621

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH· COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) George	(Middle)	(Last) Drabic	4. DATE OF DEATH	(Month) Dec	(Day) 8	(Year) 1949
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH March 15-1868	9. AGE last birthday 81 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Austria		12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME not known			14. MOTHER'S MAIDEN NAME not known				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service) no	16. SOCIAL SECURITY No. none	17. INFORMANT AND ADDRESS Peter Drabic Union Bridge Md				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Arteriosclerotic Cardio-Vascular Disease — unknown

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1948, to Dec. 8, 1949, that I last saw the deceased alive on Dec. 7, 1949, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. E. Robertson	M.D.	New Windsor, Md.	12/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Dec 12-1949	NAME OF CEMETERY OR CREMATORY St Peters Cemetery	LOCATION (City, town, or county) (State) Libertytown, Md
DATE REC'D BY LOCAL REG. Dec 9/1949	REGISTRAR'S SIGNATURE Leslie L. Kepp	24. FUNERAL DIRECTOR DD Hartzler & Sons	ADDRESS Union Bridge & New Windsor, Md

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 12 1949
BUREAU V. R

11622

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 5 mos. 26 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 1517 Baltimore 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital	STREET ADDRESS (If rural, give location): 1517 Madison Ave.,

3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) OSCAR	(Last) FOREMAN	4. DATE OF DEATH	(Month) Dec.,	(Day) 13,	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Sep.	8. DATE OF BIRTH: Aug., 3, 1912	9. AGE last birthday: 37 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Kenston, N.Carolina	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: Oscar Foreman	14. MOTHER'S MAIDEN NAME: Louisa Daniels						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS: Deceased					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	May, 1949
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1949, to Dec. 13, 1949, that I last saw the deceased alive on Dec. 13, 1949, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ruben Hoffman, M.D.		Henryton, Maryland	12/13/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 12-16-1949	NAME OF CEMETERY OR CREMATORY: Green Ville N.C.	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG.: 12/13/49	REGISTRAR'S SIGNATURE: Albert Swankham, Deputy Local	24. FUNERAL DIRECTOR: Mrs Katie R. Williams	ADDRESS: 322-N. Schroeder St., Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11623

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) since 1/27/49
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville
STREET ADDRESS (If rural give location) Rural Route #

3. NAME OF DECEASED (Type or Print): (First) Alpheus (Middle) Cisco (Last) FRIEND
4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1949
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: 6/3/1857
9. AGE last birthday: 92 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): schoolteacher - farmer
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Garrett County, Maryland
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME: John H. Friend
14. MOTHER'S MAIDEN NAME: Savilla Savage
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If yes, give war or dates of service) unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerosis	more than one year.
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 97	(b) Senility	10-15 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis. — more than one year.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE --- (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) --- (COUNTY) --- (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ---
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from March 23, 1949, to Dec. 27, 1949, that I last saw the deceased alive on Dec. 27, 1949, and that death occurred at 8:17 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Martin Gross, M.D. — ADDRESS: Sykesville, Maryland — DATE SIGNED: 12/27/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF: 12/30/49 — NAME OF CEMETERY OR CREMATORY: Keeler Glade Cemetery — LOCATION (City, town, or county) (State): Near Friendsville, Md.

DATE REC'D BY LOCAL REG.: Dec. 29, 1949 — REGISTRAR'S SIGNATURE: C. Harry Weer

24. FUNERAL DIRECTOR — ADDRESS: H. H. Savage, Friendsville, Md.

VS. A15

RECEIVED
JAN 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11624

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Melrose; LENGTH OF STAY (in this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Melrose; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joanna (Middle) Fuhrman (Last)

4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 1949

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 7-14-1873

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Houswife

10b. KIND OF BUSINESS OR INDUSTRY: House Work

11. BIRTHPLACE (State or foreign country): Penna. York. Co.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Jacob Wolfgang

14. MOTHER'S MAIDEN NAME: Sara Warner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Horatio Stenner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis. — Interval Between Onset and Death: ?

422.1

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Incapacitating Cerebrovascular

(c) Senile Dementia. — 6 wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 17, 1949, to Dec. 9, 1949, that I last saw the deceased alive on Dec. 6, 1949, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ralph E. Bush M.D. ADDRESS Hampstead Md. DATE SIGNED 12-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 12-13-49 — NAME OF CEMETERY OR CREMATORY Black Rock Cemetery — LOCATION (City, town, or county) Black Rock, Yorkco. (State) Pa.

DATE REC'D BY LOCAL REG. Dec. 12/49 — REGISTRAR'S SIGNATURE Mrs. W. G. S. Benner

24. FUNERAL DIRECTOR Jacob Winter's Sons — ADDRESS Manchester Md.

RECEIVED
DEC 22 1949
BUREAU V. S.

11625

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH COUNTY: Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster #3
LENGTH OF STAY (in this place): 48 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westminster #3

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural give location): R.D. #3

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): BERT ALBERT GARVICK
4. DATE OF DEATH (Month) (Day) (Year): Dec 30 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Jan 26 1878
9. AGE last birthday: 71 yrs. If under 1 year Months: 11 Days: 4 If under 24 hrs. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): York County
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Levi Garvick
14. MOTHER'S MAIDEN NAME: Manchila Bollinger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Jean C. Garvick Westminster #3 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion –

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 28, 1949, to Dec 30, 1949, that I last saw the deceased alive on Dec 30, 1949, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

SIGNATURE: Ralph E. Bettinger (Degree or title) ADDRESS: Hanover, Pa. DATE SIGNED: Dec 31, '49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Jan 2. 1950
NAME OF CEMETERY OR CREMATORY: St. Bartholomews
LOCATION (City, town, or county): Hanover R.D. (State): Pa
DATE REC'D BY LOCAL REG.: 12/31/49
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: W. A. Keiser Hanover Pa ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11626

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton; LENGTH OF STAY (in this place) 1mo. 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 2, Md.
STREET ADDRESS (If rural, give location) 1116½ Lexington St.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ARTHUR		HALL	Dec.	29	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Negro	Single	Mar. 20, 1893	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Windsor, Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: BONNIE HALL
14. MOTHER'S MAIDEN NAME: ANNIE WIND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: 217-09-2540
17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	Oct., 1948
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002
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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 1949, to Dec. 29, 1949, that I last saw the deceased alive on Dec. 29, 1949, and that death occurred at 5:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.	Henryton, Maryland	12/29/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/3/50	Mt Calvary	Brooklyn Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/29/49	Albert R. Sturmfels Deputy Local	Elroy O. Wilson	1000 Brantley Ave.

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JAN 4 1950
BUREAU U. S.

11627

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville-Rural — LENGTH OF STAY (in this place): 72 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Accident P.O.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARGARET ANNA HARMAN

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: — 1880
9. AGE last birthday: 69 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: House
11. BIRTHPLACE (State or foreign country): Garrett Co. Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Kolb
14. MOTHER'S MAIDEN NAME: Carolina George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Hospital records, Sykesville RRI Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary sclerosis — Indefinite

420.0

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease — "

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Decubitus — 1 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 26, 1949, to Dec 8, 1949, that I last saw the deceased alive on Dec 8, 1949, and that death occurred at 8 50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS: Henry C. A. Mead M.D. Sykesville RRI — DATE SIGNED: 12/8/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Dec. 11, 1949 — NAME OF CEMETERY OR CREMATORY: Cove Cem. — LOCATION (City, town, or county) (State): Garrett Co. Md.

DATE REC'D BY LOCAL REG.: Dec. 9, 1949 — REGISTRAR'S SIGNATURE: C. Harry Weer — 24. FUNERAL DIRECTOR ADDRESS: William Winterburg Grantsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11628

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (In this place) 1 yr, 4 mos., 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 614 Woodington Road, Balto., 29 ✓

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) (Last) HUGHES
4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 19 49

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 7/28/1897
9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beautician
10b. KIND OF BUSINESS OR INDUSTRY: Unk -
11. BIRTHPLACE (State or foreign country): Baltimore City
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Hughes
14. MOTHER'S MAIDEN NAME: Christina Ender

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unk -
17. INFORMANT: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 12-27-49
570.5 Antecedent cause(s) b. Generalized arteriosclerosis
122 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gangrene of right foot — 12-20-49
(c) Intestinal obstruction — 12-25-49

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Alzheimer's disease (8-7-48) — 1-1/2 yrs.

19a. DATE OF OPERATION: 12/20/49 12/25/49
19b. MAJOR FINDINGS OF OPERATION: Gangrene of right foot Intestinal Obstruction
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/7, 19 48 to 12/29, 19 49, that I last saw the deceased alive on 12/29, 19 49, and that death occurred at 7:10 A m., from the causes and on the date stated above.

SIGNATURE: M. Virginia Beyer (Degree or title) M. D. ADDRESS: Sykesville, Maryland DATE SIGNED: 12/29/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 12-31-49
NAME OF CEMETERY OR CREMATORY: Western
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: Dec. 30, 1949
REGISTRAR'S SIGNATURE: C. Henry Weed
24. FUNERAL DIRECTOR: Wm. Cook, Inc.
ADDRESS: 1217 St. Paul St. Balto. Md.

RECEIVED
JAN 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11629

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton; LENGTH OF STAY (in this place) 3 mos. 14 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Sana.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-1; STREET ADDRESS (If rural, give location) 835 Edmondson Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) SOUTHWOOD (Last) JACKSON

4. DATE OF DEATH: (Month) Dec. (Day) 16, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: August 12, 1887

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Yamesee, S. Caroline

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Fraizer Southwood

14. MOTHER'S MAIDEN NAME: Margaret Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: Lost

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: March, 1949

002 Antecedent cause(s)

130 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 2, 1949, to Dec. 16 1949, that I last saw the deceased alive on Dec. 16, 1949, and that death occurred at 3:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuben W. Foman, M.D. ADDRESS: Henryton, Md. DATE SIGNED: 12/16/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 12-22-49 NAME OF CEMETERY OR CREMATORY: Mt. Auburn LOCATION (City, town, or county): Baltimore (State): Md.

DATE REC'D BY LOCAL REG. 12/16/49 REGISTRAR'S SIGNATURE: Albert R. Swankham Deputy Local

24. FUNERAL DIRECTOR: William a Jackson ADDRESS: 916 Penna ave Balto. Md.

RECEIVED
DEC 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11630

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 10 mos. 5 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Sana.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore-5
STREET ADDRESS (If rural, give location): 1724 E. Madison Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) EDWARD (Last) JOHNSON
4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.
8. DATE OF BIRTH: July 13, 1900
9. AGE last birthday: 49 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Larley, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jack Johnson
14. MOTHER'S MAIDEN NAME: Ella Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: 215-05-7821
17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Aug. 1948

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN):
(COUNTY):
(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1949, to Dec. 6, 1949, that I last saw the deceased alive on Dec 6, 1949, and that death occurred at 4:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ralen Hoffman, M.D.
ADDRESS: Henryton, Md.
DATE SIGNED: 12-6-49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE: 12-10-49
NAME OF CEMETERY OR CREMATORY: Mt Calvary Cem
LOCATION (City, town, or county): C. C. C
(State): Md

DATE REC'D BY LOCAL REG. 12-6-49
REGISTRAR'S SIGNATURE: Albert Smallwood
Deputy Local

24. FUNERAL DIRECTOR: Rayner Sanders
ADDRESS: 1412 E Preston St

RECEIVED
DEC 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11631

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Carroll · STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton · LENGTH OF STAY (in this place): 5mos. 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 5
STREET ADDRESS (If rural, give location): 1208 H Court

3. NAME OF DECEASED (Type or Print): (First) SHIRLEY (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) Dec. (Day) 8 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March 24, 1932

9. AGE last birthday: 17 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Albert Green

14. MOTHER'S MAIDEN NAME: Mildred Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Mildred Harris 1208 H Court Balto., Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

010 **Immediate cause** (a) Tuberculous Meningitis — Interval between onset and death: April, 1949

Antecedent cause(s)

14 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1949, to Dec. 8, 1949, that I last saw the deceased alive on Dec. 8, 1949, and that death occurred at 3:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ruben H. Braun, M.D. ADDRESS: Henryton, Maryland DATE SIGNED: 12/8/49

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE: 12-12-49 | NAME OF CEMETERY OR CREMATORY: Mt Calvery Cem. | LOCATION (City, town, or county) (State): Brooklyn B.B. Co. Md

DATE REC'D BY LOCAL REG. 12/8/49 | REGISTRAR'S SIGNATURE: Albert Brumbaugh Deputy Local | 24. FUNERAL DIRECTOR: Clay D. Wilson | ADDRESS: 1000 Brantly Ave

RECEIVED
DEC 10 1949
BUREAU V. S.

11632

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 77

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) E (Last) KAGLE

4. DATE OF DEATH (Month) Dec (Day) 24 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 5-1872
9. AGE last birthday 77 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Miller
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William F Kagle
14. MOTHER'S MAIDEN NAME Mary E Lucabaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT William Kagle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	2 wks
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertensive Cardio Vascular Disease	1 6 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1946, to Dec. 24, 1949, that I last saw the deceased alive on Dec. 22, 1949, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

SIGNATURE Maurice C. Portefield (Degree or title) M.D. ADDRESS Hampstead, Md DATE SIGNED 12-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-26-49
NAME OF CEMETERY OR CREMATORY Hampstead
LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REG. Dec. 26, 1949
REGISTRAR'S SIGNATURE John S. Hughes Jr.
24. FUNERAL DIRECTOR Edw C Tipton ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 28 1949
BUREAU T. S.

11633

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) about 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 96 Penna. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 96 Penna. Ave.

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) BELLE (Last) KAUFFMAN

4. DATE OF DEATH: (Month) December (Day) 2 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 12, 1905

9. AGE last birthday: 44 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse - wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Carroll Co. Md. (Dist)

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilbur Shipley

14. MOTHER'S MAIDEN NAME: Ella M. Parrish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No. 217-03-5302

17. INFORMANT AND ADDRESS: J. William Kauffman, Jr. (Westminster, Md.)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suffocation by hanging.

974 Antecedent cause(s)

164a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 2 1949 2:30 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Hanged self by rope from rafter in attic

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James T. Marsh, Deputy Medical Examiner Westminster Md 12-2-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 12/5/49

NAME OF CEMETERY OR CREMATORY: Uniors Cemetery

LOCATION (City, town, or county) (State): near Westminster Carroll Co. Md.

DATE REC'D BY LOCAL REG. 12/3/49

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR / ADDRESS: J. E. Mayers Jr. Westminster, Md.

RECEIVED
DEC 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11634

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville | LENGTH OF STAY (in this place) since 8/21/48
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 722 East Baltimore Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Henry (Last) KLEBE

4. DATE OF DEATH: (Month) December (Day) 27 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 2/27/1883

9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Baltimore City, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: George Henry Klebe

14. MOTHER'S MAIDEN NAME: Mary Deitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown | (If yes, give war or dates of service): unknown

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure — 3 years

450.0 93d
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 1½ year

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ---

(CITY OR TOWN) ---

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): --- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from March 23, 1949, to 12-27, 1949, that I last saw the deceased alive on 12-27-49, 1949, and that death occurred at 8.45 p.m., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) — ADDRESS Sykesville, Maryland — DATE SIGNED 12-28-49

Martin Gross, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF 12/30/49 — NAME OF CEMETERY OR CREMATORY St. John's Lutheran — LOCATION (City, town, or county) (State) Harford Rd., Baltimore, Md.

DATE REC'D BY LOCAL REG. Dec. 28, 1949 — REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR — ADDRESS Wm. Cook, Inc., 1217 St. Paul Street

RECEIVED
JAN 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11635

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural, give location) 716 Park Avenue

3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle) GROVER	(Last) LARSON	4. DATE OF DEATH	(Month) 12	(Day) 17	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated	8. DATE OF BIRTH 1-6-93	9. AGE last birthday 56 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Iron Worker	11. BIRTHPLACE (State or foreign country) Dresden, New York	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME John Larson	14. MOTHER'S MAIDEN NAME Hilda Carlson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) W.W.I	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Hospital Records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Hemorrhage	36 hrs.
541.0 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic duodenal ulcer	Indefinite
30b	(c) II General Paresis	"

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (2/21/50 akc)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1948, to Dec. 17, 1949, that I last saw the deceased alive on Dec. 17, 1949, and that death occurred at 9:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Henry C. A. Mead M.D.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY Md. anatomical Board	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 1-2-49	REGISTRAR'S SIGNATURE R. W. Hedrick	24. FUNERAL DIRECTOR	ADDRESS

9.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11636

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7 1/6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg — LENGTH OF STAY (In this place) 10 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hale Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Hanover Rd ✓

3. NAME OF DECEASED (Type or Print): (First) Frank — (Middle) - — (Last) Lockman
4. DATE OF DEATH: (Month) Dec — (Day) 18 — (Year) 19 49

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: Sept 12 1869
9. AGE last birthday: 80 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): no.
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Joseph Devese

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) arteriosclerotic C-V. Disease — 9 yrs.

422.1 Antecedent cause(s)

93 d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none.
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none
PLACE (Home, farm, factory, street, office bldg., etc.): none — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none.

22. I hereby certify that I attended the deceased from 12-17, 1949, to 12-18, 1949, that I last saw the deceased alive on 12-17, 1949, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE: D. D. Eagles, — (Degree or title) M.D. — ADDRESS Reisterstown, Md. — DATE SIGNED 12-19-49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 20 1949 — NAME OF CEMETERY OR CREMATORY: St Paul's Cemetery — LOCATION (City, town, or county) (State): Arcadia Md

DATE REC'D BY LOCAL REG. 12/24/49 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: WmBerryman & Sons — ADDRESS: Reisterstown Md

VS. A15

RECEIVED
DEC 24 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11637

CERTIFICATE OF DEATH

Reg. Dist. No. 79

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Detour | LENGTH OF STAY (In this place) 21 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Detour - rural.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) SECULAR (Last) LONG

4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1949

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH: May 20, 1857 | 9. AGE last birthday: 92 yrs. | If under 1 year: Months 6 Days 24 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired | 10b. KIND OF BUSINESS OR INDUSTRY: Farmer | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abraham Long | 14. MOTHER'S MAIDEN NAME: Amanda Mengis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): no | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs Ralph Weybright.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis	?
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Arteriosclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1949, to Dec. 14, 1949, that I last saw the deceased alive on Dec. 13, 1949, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE M. Franklin Long (Degree or title) ADDRESS Thurmont Md. DATE SIGNED 12/14/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec. 17. 1949 | NAME OF CEMETERY OR CREMATORY Rocky Ridge "Mt Zion" | LOCATION (City, town, or county) (State) Rocky Ridge Md.

DATE REC'D BY LOCAL REG. 12/16/49 | REGISTRAR'S SIGNATURE Danny M. Powell. | 24. FUNERAL DIRECTOR ADDRESS H. L. Creager & Son Thurmont Md

VS. A15

RECEIVED
DEC 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11638

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY CARROLL; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SYKESVILLE; LENGTH OF STAY (in this place) 21 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRINGFIELD STATE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE CITY; STREET ADDRESS (If rural give location) 506 S. MACON ST

3. NAME OF DECEASED (Type or Print): (First) JENNY (Middle) (Last) McCARLEY

4. DATE OF DEATH: (Month) DEC (Day) 27 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH (?): 4 SEP 1864

9. AGE last birthday: 85 (?) yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): DELAWARE

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WALBERG

14. MOTHER'S MAIDEN NAME: UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNK

17. INFORMANT: RECORDS SPRINGFIELD STATE HOSP

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ACUTE MYOCARDITIS	24 HRS
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93a	(b) ARTERIOSCLEROSIS	2 YRS +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILE PSYCHOSIS — 2 HRS +

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6, 1949, to Dec 27, 1949, that I last saw the deceased alive on Dec 27, 1949, and that death occurred at 11:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Henry C. Mead M.D. ADDRESS Sykesville Md DATE SIGNED 12/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 12-30-49 | NAME OF CEMETERY OR CREMATORY Oak Lawn | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. Dec. 28, 1949 | REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR W. Cook Inc. | ADDRESS 1217 St Paul St

RECEIVED
JAN 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11639

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (in this place) 15 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS R 7 D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural, give location) R. 7. D.

3. NAME OF DECEASED (Type or Print): (First) Richard (Middle) (Last) McConnell

4. DATE OF DEATH: (Month) Dec (Day) 16 (Year) 1949

5. SEX: Male.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec 10, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thos. McConnell

14. MOTHER'S MAIDEN NAME: Emmaline Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no.

(If year, give war or dates of service): None.

16. SOCIAL SECURITY NO.: 212-22-6566

17. INFORMANT: Va. Peter + Bonnie Blinn-Cochy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163

Immediate cause (a) Carcinomatosis (Lungs) — Interval Between Onset and Death: 2 mo.

47d

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): None

TIME OF INJURY (Month) (Day) (Year) (Hour): None, m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-25, 1948, to 12-16, 1949, that I last saw the deceased alive on 12-14, 1949, and that death occurred at 11:30 A.m., from the causes and on the date stated above.

SIGNATURE: D. D. Eagles (Degree or title) M D. ADDRESS: Reisterstown, Md. DATE SIGNED: 12-16-49.

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE: Dec. 19, 1949 NAME OF CEMETERY OR CREMATORY: Mt. Olive LOCATION (City, town, or county): Roslyn (State): Md

DATE REC'D BY LOCAL REG.: 12-17-49 REGISTRAR'S SIGNATURE: Mary B. Elvin.

24. FUNERAL DIRECTOR: Wm. Berryman & Sons ADDRESS: Reisterstown

VS. A15

49
74
75

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11640

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton; LENGTH OF STAY (in this place) 1mo. 29 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 1, ; STREET ADDRESS (If rural, give location) 507 N. Fremont Ave., ✓

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) (Last) MCDONALD JR.

4. DATE OF DEATH: (Month) Dec. (Day) 27 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 16, 1922

9. AGE last birthday: 27 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph McDonald, Sr.

14. MOTHER'S MAIDEN NAME: Ethel Aimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: Lost

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: Aug., 1949

Antecedent cause(s)

002

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 28, 1949, to Dec. 27, 1949, that I last saw the deceased alive on Dec. 27, 1949, and that death occurred at 1:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Reuben Hoffman, M.D. | Henryton, Maryland | 12/27/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 12/30/49 | NAME OF CEMETERY OR CREMATORY: Mt. Auburn | LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REG. 12/27/49 | REGISTRAR'S SIGNATURE: Albert R. Swandham | 24. FUNERAL DIRECTOR: Chas. H. Corpe | ADDRESS: 512 Carrollton Ave.

Deputy Local

VS-A15

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DEC 28 1949
BUREAU V. S.

11641

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville — LENGTH OF STAY (in this place): 8 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital	STREET ADDRESS (If rural give location): 1535 Aliceanna Street ✓

3. NAME OF DECEASED (Type or Print)	(First) Frederick	(Middle) Charles	(Last) Miller	4. DATE OF DEATH	(Month) 12	(Day) 27	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 5-24-11	9. AGE last birthday: 38 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: Unknown	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Joseph Miller	14. MOTHER'S MAIDEN NAME: Aniela Mielewska						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT: Records of Springfield State Hospital					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tuberculous Meningitis

002 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Tuberculosis of the Respiratory System — 10 months known at autopsy

13b (c) Disseminated tuberculosis of kidneys

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, hebephrenic type — 7 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-8, 1949, to 12-27, 1949, that I last saw the deceased alive on Dec. 27, 1949, and that death occurred at 8:50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M. Virginia Beyer, M.D. 12-28-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 12-30-49	NAME OF CEMETERY OR ~~CREMATORY~~: St. Stanislaus	LOCATION (City, town, or county) (State): Dundalk ave. Balto. Md
DATE REC'D BY LOCAL REG.: Dec. 28, 1949	REGISTRAR'S SIGNATURE: C. Harry Weer	24. FUNERAL DIRECTOR: Wm Cook, Inc.	ADDRESS: 1217 St Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JAN 2 1950
BUREAU V. S.

11642

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 6mos. 21 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 31
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital	STREET ADDRESS (If rural, give location) 1300 E. Lexington St., ✓

3. NAME OF DECEASED (Type or Print)	(First) JAMES	(Middle) DANIEL	(Last) MILLER	4. DATE OF DEATH	(Month) Dec.	(Day) 21	(Year) 1949
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Sept., 30, 1910	9. AGE last birthday 39 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Buckingham, Virginia	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Anders Millers	14. MOTHER'S MAIDEN NAME Matilda Watkins						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 227-16-8042	17. INFORMANT AND ADDRESS Deceased					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Aug., 1947

Antecedent cause(s)

002

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 30, 1949, to Dec. 21, 1949, that I last saw the deceased alive on Dec. 21, 1949, and that death occurred at 9:55 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Md.	12/21/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal for Burial	12-22-49	Upper Liberty	Buckingham Co.	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/21/49	Albert R. Swanthams	J. C. Dunkum & Bro.	Dillwyn Va.

Deputy Local

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 28 1949
BUREAU V. S.

11643

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) 11 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural give location) 2103 Erdman Avenue

3. NAME OF DECEASED (Typo or Print)	(First) Mary	(Middle) Angela	(Last) Murphy	4. DATE OF DEATH	(Month) 12	(Day) 13	(Year) 1949
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 5/18/82	9. AGE last birthday 67 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, oven if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME James Coan	14. MOTHER'S MAIDEN NAME Maria Hobern						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Springfield State Hospital records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute myocarditis	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	1 yr.
	(c)	

450.0

93a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic depressive psychosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 11, 1949, to Dec 13, 1949, that I last saw the deceased alive on Dec. 12, 1949, and that death occurred at 7 35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ilse Kamm, M.D. Dec. 13, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12/15/49	NAME OF CEMETERY OR CREMATORY Cathedral	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. Dec 15-1949	REGISTRAR'S SIGNATURE A. W. Hedrich	24. FUNERAL DIRECTOR Chas. T. Evans & Son, Inc.	ADDRESS 118 N. Mt. Royal Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11644

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tyrone
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Westminster R.D. 7

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Tyrone
STREET ADDRESS (If rural, give location): Westminster R.D. 7

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Maggie	May	Myerly	December	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
F	W	Single	Jan. 1-1871	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housekeeper		Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David E. Myerly	Susan A. Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	None	Sarah E. Wantz Westminster R. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 330

(b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Aug 6, 1949, to Dec 2, 1949, that I last saw the deceased alive on Dec 1, 1949, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. H. Reggrund	Union Bridge	12-3-49 M.D.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 5-1949	Prudence Cemetery	Westminster, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 3/49	Margaret P. Englar	E. Bankard Son.	Westminster, Md.

RECEIVED
DEC 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11645

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural—Sykesville; LENGTH OF STAY (in this place) 4 mos., 9 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) Eutaw Place (Hotel Altamont)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Milton (Last) Norris

4. DATE OF DEATH: (Month) Dec (Day) 6 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Div.

8. DATE OF BIRTH: 11/21/75

9. AGE last birthday: 74 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Unk-

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Norris (Robert W. Norris)

14. MOTHER'S MAIDEN NAME: ~~Unknown~~ Emma Oster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 218-07-4893A

17. INFORMANT AND ADDRESS: Record, Springfield State Hospital, Sykesville, ~~Maryland~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Sclerosis Cardiac Decompensation — Interval Between Onset and Death: 2 wks

420.0 Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

930 (b) Arteriosclerotic heart disease — Indefinite

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 1949, to Dec. 6, 1949, that I last saw the deceased alive on Dec. 6, 1949, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Henry A. Mead, M.D. Sykesville RR #1, Md 12/6/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Dec. 7, 1949 — NAME OF CEMETERY OR CREMATORY: Green Mount — LOCATION (City, town, or county): Baltimore (State): Md

DATE REC'D BY LOCAL REG.: Dec. 6, 1949 — REGISTRAR'S SIGNATURE: C. Henry Weers

24. FUNERAL DIRECTOR — ADDRESS: Stewart & Mowlen Co. 108 W. North Ave. Balto. 1-Md.

RECEIVED
DEC 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11646

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Manchesterville
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Manchesterville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Estella (Middle) Louise (Last) Oates

4. DATE OF DEATH: (Month) December (Day) 1st (Year) 1949

5. SEX: F. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single | 8. DATE OF BIRTH: Sept. 1, 1949 | 9. AGE last birthday: 0 yrs. If under 1 year: Months 3 Days 0 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none | 10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Winchester Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John C. Oates | 14. MOTHER'S MAIDEN NAME: Dorothy Arndorff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If year, give war or dates of service): — | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT AND ADDRESS: John C. Oates - Manchesterville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute bilateral lobar pneumonia

490 Antecedent cause(s)

108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1/49, 19....., to death, 19....., that I last saw the deceased alive on 12/1, 19 49, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE C H Lawrence (Degree or title) M.D. ADDRESS Delaville DATE SIGNED 12/1/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Dec. 2, 1949 | NAME OF CEMETERY OR CREMATORY: Springfield | LOCATION (City, town, or county): Sykesville (State): Md

DATE REC'D BY LOCAL REG.: Dec. 2, 1949 | REGISTRAR'S SIGNATURE: C. Harry Weer | 24. FUNERAL DIRECTOR: C. H. Weer ADDRESS: Sykesville, Md.

RECEIVED
DEC 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11647

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton | LENGTH OF STAY (in this place) 6 mos. 12days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 426 Middle Alley

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANCES	CLESTELLE	OREM	Dec.	2,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Female	Negro	Married	April 1, 1922	27 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cumberland, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas H. Smith
14. MOTHER'S MAIDEN NAME: Eliza Jordan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No. 219-12-1926
17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 **Immediate cause** (a) Pulmonary Tuberculosis — Interval Between Onset and Death: April, 1949

Antecedent cause(s)

136 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1949, to Dec. 2, 1949, that I last saw the deceased alive on Dec. 2, 1949, and that death occurred at 9:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Reuben W. Bowman, M.D. — Henryton, Md. — 12/2/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 12/7/49 | NAME OF CEMETERY OR CREMATORY Farmers Cemetery | LOCATION (City, town, or county) (State) Frederick, Md

DATE REC'D BY LOCAL REG. 12/2/49 | REGISTRAR'S SIGNATURE Albert Swankhamer Deputy Local | 24. FUNERAL DIRECTOR M. R. Etchison & Son | ADDRESS Frederick, Md.

RECEIVED
DEC 6 1949
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11648

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton — LENGTH OF STAY (in this place): 9mos. 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 17
STREET ADDRESS (If rural, give location): 1363 N. Calhoun St.,

3. NAME OF DECEASED (Type or Print): (First) WALTON (Middle) FRANKLIN (Last) PAUL

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1949

5. SEX: Male — 6. COLOR OR RACE: Negro — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: July 31, 1906 — 9. AGE last birthday: 43 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk — 10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM PAUL

14. MOTHER'S MAIDEN NAME: NELLIE JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-09-4499

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Dec. 1947

002

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

136

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

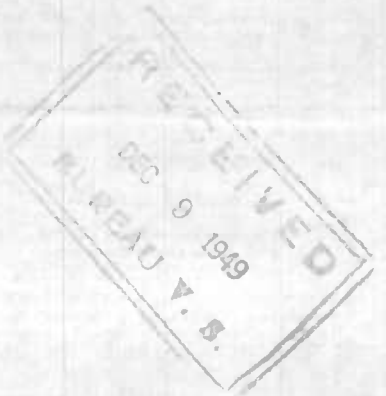
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16, 1948, to Dec. 7, 1949, that I last saw the deceased alive on Dec. 7, 1949, and that death occurred at 7:25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuben Hoffman, M.D. — ADDRESS: Henryton, Maryland — DATE SIGNED: 12/7/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 12-12-49 — NAME OF CEMETERY OR CREMATORY: Mt Zion Cem. — LOCATION (City, town, or county): Balto. Co. — (State): Md.

DATE REC'D BY LOCAL REG. 12/7/49 — REGISTRAR'S SIGNATURE: Albert Smallhamer, Deputy Local — 24. FUNERAL DIRECTOR: Samuel W. Sullivan Jr — ADDRESS: Balto. Md.


RECEIVED
DEC 9 1949
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11649

CERTIFICATE OF DEATH

Reg. Dist. No. 76

FILM No. G 123 JAN 4 1950

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber | LENGTH OF STAY (in this place) 7 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber
STREET ADDRESS (If rural give location) Rural--Sykesville

3. NAME OF DECEASED (Type or Print): (First) BLANCHE (Middle) L. (Last) POWDER

4. DATE OF DEATH: (Month) Dec. (Day) 28, (Year) 1949

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed | 8. DATE OF BIRTH: 12-31-1867 | 9. AGE last birthday: 81 ~~82~~ yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework | 10b. KIND OF BUSINESS OR INDUSTRY: own home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: John W. Barnes | 14. MOTHER'S MAIDEN NAME: Martha C. Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT: Mrs. Bayard Arnold, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 5 days

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 24, 1949 to Dec 28 1949, that I last saw the deceased alive on Dec 27, 1949, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas R Fouty, MD Westminster Md 12-28-49

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE 12-31-1949 | NAME OF CEMETERY OR CREMATORY Providence | LOCATION (City, town, or county) (State) Gamber, Md.

DATE REC'D BY LOCAL REG. 1/25/49 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 30 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11650

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2448 W. Baltimore Street

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) (Last) Prinke

4. DATE OF DEATH: (Month) December (Day) 16, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 21, 1865

9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.?

13. FATHER'S NAME: Carl Prinke

14. MOTHER'S MAIDEN NAME: Minna Sarenberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Chronic myocarditis and myocardial degeneration	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Generalized arteriosclerosis	about 10 years
(c)		

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenia, paranoid type — about 40 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-2-, 1942, to 12-16, 1949, that I last saw the deceased alive on 12-16, 1949, and that death occurred at 8.45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Irene L. Hitchman, M.D. ADDRESS Springfield State Hospital DATE SIGNED 12-16-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Dec. 19 1949 NAME OF CEMETERY OR CREMATORY Western LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. Dec. 17, 1949 REGISTRAR'S SIGNATURE Nancy Rees

24. FUNERAL DIRECTOR F. B. Kippert & Son ADDRESS Balto. & Monroe Sts. Balto. Md.

VS. A15

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11651

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beneduum St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location) Beneduum St

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Haines (Last) Rakestraw
4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: March 8-1869
9. AGE last birthday: 80 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: John Haines
14. MOTHER'S MAIDEN NAME: Mary Blagstone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Malcolm Rakestraw, Union Bridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage
331
Antecedent cause(s)
830 Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1949, to Dec 12, 1949, that I last saw the deceased alive on Dec 12, 1949, and that death occurred at 11:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J H Legg M D — Union Bridge — Dec 13-49.

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Buried — Dec 15-1949 — Mt View — Union Bridge Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Dec 13/1949 — Leslie L. Repp — D D Hartsuk & Sons — Union Bridge & New Windsor, Md

RECEIVED
DEC 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11652

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 56 Webster St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 56 Webster St.

3. NAME OF DECEASED (Type or Print): (First) Myron (Middle) Francis (Last) Read

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 28-1904

9. AGE last birthday: 45 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY: Consolidated Paint Co

11. BIRTHPLACE (State or foreign country): Phila. Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Theodore Read

14. MOTHER'S MAIDEN NAME: Margaret Powers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 245-05-0950

17. INFORMANT AND ADDRESS: Margaret Read 56 Webster St. Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Disease of Coronary Arteries — Interval Between Onset and Death: Night 2 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Virus respiratory infn (Hippo) — 3 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-14, 1949, to 12-18, 1949, that I last saw the deceased alive on 12-18, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): T. Billingslea, M.D. ADDRESS: Westminster, Md. DATE SIGNED: 12-19-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec. 21-1949 — NAME OF CEMETERY OR CREMATORY: Westminster Cemetery — LOCATION (City, town, or county) (State): Westminster, Md.

DATE REC'D BY LOCAL REG. 12/19/49 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: H. Bankard & Son — ADDRESS: Westminster, Md.

RECEIVED
DEC 22 1949
BUREAU V. S.

11653

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
LENGTH OF STAY (in this place) 51 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. #5

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Westminster
STREET ADDRESS (If rural give location) R.D. #5 (Warfieldsburg)

3. NAME OF DECEASED (Type or Print) (First) CARROLL (Middle) JOSEPH (Last) RICKELL
4. DATE OF DEATH (Month) Dec. (Day) 10 (Year) 1949

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 9. 1898
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Buyer
10b. KIND OF BUSINESS OR INDUSTRY Grocery Store
11. BIRTHPLACE (State or foreign country) Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Rickell Sr.
14. MOTHER'S MAIDEN NAME Mary Richter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 212-030-532
17. INFORMANT Mrs. Della Myers Rickell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cachexia —

Antecedent cause(s) (b) Sarcoma, involving Occipital bone,

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Sphenoid (rt wing) and adjacent tissues of neck —

196
55b

INTERVAL BETWEEN ONSET AND DEATH 7 months.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1st, 1949, to Dec 10th, 1949, that I last saw the deceased alive on Dec 10th, 1949, and that death occurred at 6 30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen Barr
ADDRESS Westminster Maryland
DATE SIGNED 12/10/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Dec. 13. 49
NAME OF CEMETERY ~~OR CREMATORY~~ Meadow Branch
LOCATION (City, town, or county) Near Westminster (State) Md.

DATE REC'D BY LOCAL REG. 12/12/49
REGISTRAR'S SIGNATURE L. Annadonna
24. FUNERAL DIRECTOR J. E. Myers Jr.
ADDRESS Westminster Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 15 1949
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11654

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William F. (Middle) (Last) Rittase

4. DATE OF DEATH (Month) Dec (Day) 29 (Year) 1949

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower

8. DATE OF BIRTH Oct. 20, 1865

9. AGE last birthday 84 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Penna.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Ishmael Rittase

14. MOTHER'S MAIDEN NAME Mary Bart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 219-20-0304

17. INFORMANT AND ADDRESS Laverne J. Rittase Taneytown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1 day

331 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

830 (b) Arterio Sclerosis — several years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 28th, 1949, to Dec. 29th, 1949, that I last saw the deceased alive on Dec. 28th 1949, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

SIGNATURE C. M. Benner (Degree or title) M.D. ADDRESS Taneytown Maryland DATE SIGNED Dec. 30th, 1949.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Dec. 31, 1949

NAME OF CEMETERY OR CREMATORY Reformed

LOCATION (City, town, or county) Taneytown, (State) Md.

DATE REC'D BY LOCAL REG. Dec. 31, 1949

REGISTRAR'S SIGNATURE Ethel M. Mehring Local

24. FUNERAL DIRECTOR C.O. FUSS & SON

ADDRESS Taneytown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1950
BUREAU T. S.

AFF. OF GRANDMOTHER MRS. GREEN filmed G123 1-13-Friday-50; LL

11655

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: aryland — COUNTY: Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Unionville, Easton,
STREET ADDRESS (If rural, give location): Rt. #4 Box 151

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH ////// (Middle) MARGARET E. (Last) GREEN ROBINSON

4. DATE OF DEATH: (Month) Dec. (Day) 13, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: April 3, 1925

9. AGE last birthday: 24 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Talbot Co., Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Margaret Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Adella G. Whaley (Aunt)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tuberculous Mingitis — 11/49

Antecedent cause(s)

010

14 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 29, 1949, to Dec. 13, 1949, that I last saw the deceased alive on Dec. 13, 1949 and that death occurred at 5: A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert W. Brown, M. D. — ADDRESS: Henryton, Maryland — DATE SIGNED: 12/13/49

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial — DATE: 12-16-'49 — NAME OF CEMETERY OR CREMATORY: Unionville — LOCATION (City, town, or county) (State): Unionville Md.

DATE REC'D BY LOCAL REG. 12/13/49 — REGISTRAR'S SIGNATURE: Albert Smallwood, Deputy Local — 24. FUNERAL DIRECTOR: Leon W. Henry — ADDRESS: Easton Md.

RECEIVED
DEC 27 1949
BUREAU V. S.

11656

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryyon
LENGTH OF STAY (in this place) 3mos. 4days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cooksville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CARRIE (Middle) (Last) SANDS

4. DATE OF DEATH (Month) dec. (Day) 25 (Year) 1949

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Jan. 6, 1917

9. AGE last birthday 32 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Cooksville Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Sands

14. MOTHER'S MAIDEN NAME Florence Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	July 1, 1949
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002

13 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 21, 1949, to Dec 25, 1949, that I last saw the deceased alive on Dec. 25, 1949, and that death occurred at 10:15 am m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Reuben Hoffman, M.D. ADDRESS Henryton Md DATE SIGNED 12/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Dec. 28, 1949

NAME OF CEMETERY OR CREMATORY Bush Park

LOCATION (City, town, or county) (State) Cooksville Howard Co. Md

DATE REC'D BY LOCAL REG. 12/25/49

REGISTRAR'S SIGNATURE Albert R. Swanbham Deputy Local

24. FUNERAL DIRECTOR H. M. Snyder ADDRESS Mt. Airy

RECEIVED
DEC 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11657

CERTIFICATE OF DEATH

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgeville
LENGTH OF STAY (in this place): 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgeville
STREET ADDRESS (If rural, give location): R.D. Mt. Airy

3. NAME OF DECEASED (Type or Print): (First) ALFRED (Middle) M. (Last) Schmidt

4. DATE OF DEATH: (Month) Dec. (Day) 25 (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 3-2-1908

9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Gustav Schmidt

14. MOTHER'S MAIDEN NAME: Margaret Roth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-09-9677

17. INFORMANT AND ADDRESS: Ruth A. Schmidt, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acidosis due to	3 da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intestinal obstruction, due to	5 da
	(c) Adeno-carcenomatosis, sight undetermined, probably stomach and bowel	6 Mo. (?)

151
46b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 23, 1949

19b. MAJOR FINDINGS OF OPERATION: Carcenomatosis of stomach, liver, mesentery, omentum

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/4/49, 19..., to 12/25/49, 19..., that I last saw the deceased alive on 12/25/49, 19..., and that death occurred at 9:40P; m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Stanley Grabill M.D. Mt. Airy, Maryland. 12/26/49

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 12-28-1949 — NAME OF CEMETERY OR CREMATORY: Pine Grove — LOCATION (City, town, or county) (State): Mt. Airy, Md.

DATE REC'D BY LOCAL REG.: Dec 27/49 — REGISTRAR'S SIGNATURE: Jhn D Snyder

24. FUNERAL DIRECTOR — ADDRESS: C. H. Waltz, Winfield, Md.

RECEIVED
DEC 29 1949
BUREAU V. S.

11658

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 83 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) Thayter (Last) Schultz
4. DATE OF DEATH (Month) Dec. (Day) 28 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 12-12-1866
9. AGE last birthday 83 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY Housewoner
11. BIRTHPLACE (State or foreign country) Sykesville Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis Henry Schultz
14. MOTHER'S MAIDEN NAME Thayter, Henrietta.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Annie Randall, Sykesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: Several years

151 Antecedent cause(s)

46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Same — —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emaciation, Senility

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to Dec 28, 1949, that I last saw the deceased alive on Dec 27, 1949, and that death occurred at 0:30 a.m., from the causes and on the date stated above.

SIGNATURE J. W. Hertzen, M.D. (Degree or title) ADDRESS Sykesville, Md. DATE SIGNED Dec. 28, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12-31-49
NAME OF CEMETERY OR CREMATORY Springfield
LOCATION (City, town, or county) (State) Sykesville Carroll Md.

DATE REC'D BY LOCAL REG. Dec. 29, 1949
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR C. H. Weer - Sykesville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 3 1950
BUREAU N. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11659

Reg. Dist. No. 74

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Carroll

City or town: Freedom

(If ontside city or town limits, write RURAL and give nearest town)

How long in above place of death? 46 years

Hospital, Institution, or street eddrese where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Carroll

City or town: Freedom

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural--Sykesville

(If rural, give LOCATION)

2.(a) If veteran, name war: no

3.(a) FULL NAME: ALBERT O. SELBY

3.(b) Social Security Number: none

4. Sex	5. Color or rece	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of ~~husband or~~ wife: Alice Bennett Selby

6.(c) If alive, give age: 76 years

7. Birth date of deceased (mo., day, yr.): Dec. 18, 1867

8. AGE: Yeare	Months	Days	If less than one day
82			hrs. min.

9. Birthplace: Carroll Co. Maryland (Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business: retired

FATHER 12. Name: Johnza Selby

13. Birthplace: Maryland

MOTHER 14. Maiden name: Rachel Kelley

15. Birthplace: Maryland

16. Informant: Mrs. Alice B. Selby

Address: Sykesville, Md.

17. Burial (Burial, ~~cremation, or removal~~ Which?) Date thereof 12-21-1949 (month) (day) (year)

Cemetery ~~or crematory~~: Wesley -Freedom

Location: Freedom, Carroll Co. Maryland

18. Funeral director: C. M. Waltz

Address: Winfield, Md.

19. Dec. 20 1949 (Date rec'd by registrar) A Harry Kees Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/19 1949 at 3 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 12/1 1949 to 12/19 1949 and that I last saw h~~im~~ alive on 12/18 1949

Immediate cause of death	DURATION
Uraemia	
Prostatectomy	
Due to: Nephritis	
Due to:	
Other conditions: 592 132	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to exteroal causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. F. Barnes MD M. D. or other

Address: Sykesville Md. Date signed: 12-20-49

RECEIVED
DEC 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11660

CERTIFICATE OF DEATH

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy | LENGTH OF STAY (in this place) 47yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Airy.
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED (Type or Print): (First) Jesse (Middle) W. (Last) Severn

4. DATE OF DEATH: (Month) Dec. (Day) 21. (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-4 1867

9. AGE last birthday: 82 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Jesse W. Severn

14. MOTHER'S MAIDEN NAME: Mary Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mary C. Severn, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia (Chr) — 18 mo

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a (b) Chr. Interstitial Nephritis — 7 yrs.

(c) Advanced Arterio sclerosis — ? yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia — 2 mo.

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 3., 1949, to Dec. 21., 1949, that I last saw the deceased alive on Dec. 20., 1949, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stanley Grabill M. D. Mt. Airy, Maryland Dec. 22, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-23-1949 | NAME OF CEMETERY OR CREMATORY: Pine Grove | LOCATION (City, town, or county) (State): Mt. Airy. Md.

DATE REC'D BY LOCAL REG. Dec 23/49 | REGISTRAR'S SIGNATURE: Thos D Snyder

24. FUNERAL DIRECTOR: C. M. Waltz | ADDRESS: Winfield. Md.

RECEIVED
DEC 27 1949
BUREAU V. S.

11661

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH

County: Carroll Co.

City or town: Lineboro, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 8 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Carroll

City or town: Lineboro
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: WILLIAM E. SHAEFFER

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Sarah E. Spahr

6.(c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): April 1, 1875

8. AGE:

Years	Months	Days	If less than one day
74	8	5	hrs. min.

9. Birthplace: Carroll Co. Md.
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business: Farm

FATHER
12. Name: George Shaeffer
13. Birthplace: Carroll Co. Md

MOTHER
14. Maiden name: Angeline Lawson
15. Birthplace: Carroll Co. Md

16. Informant: x George E Shaeffer

Address: x Lineboro Md

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Dec. 9, 1949
(month) (day) (year)

Cemetery or ~~crematory~~: Wesley

Location: Hampstead Md R.D.

18. Funeral director: H. C. Geiple & Son

Address: Glen Rock Pa. Per Geo E Geiple

19. Dec 7 1949
(Date rec'd by registrar)

Mrs. H. P. S. Denner
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 6 1949, at 5:40 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 15 1949, to Dec 6 1949 and that I last saw him alive on Sept 15 1949

Immediate cause of death: Coronary Thrombosis

DURATION: 3 1/2 MON

Due to

Due to

Other conditions

420.1
94a
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: W. H. Foard M.D.
M. D. or other

Address: Manchester, Md — Date signed: Dec 7-1949

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11662

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton — LENGTH OF STAY (in this place) 1yr.9mos.28das.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore-30
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton State Sana.	STREET ADDRESS (If rural, give location) 2428 S. Paca Street

3. NAME OF DECEASED (Type or Print)	(First) DAISY	(Middle) TONY	(Last) SMITH	4. DATE OF DEATH	(Month) Dece.	(Day) 1	(Year) 1949
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH June 1, 1916	9. AGE last birthday 33 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Bishopville, S. Carolina	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Bud Tony		14. MOTHER'S MAIDEN NAME Rosa Gray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. 239-05-7221	17. INFORMANT AND ADDRESS Deceased	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — Dec. 1, 1947

Antecedent cause(s)

136 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 3, 1948, to Dece. 1, 1949, that I last saw the deceased alive on Dece. 1, 1949, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ruben Hoffman, M.D.		Henryton, Md.	12-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 12-5-1949	NAME OF CEMETERY OR CREMATORY Mt. Albion Cemetery	LOCATION (City, town, or county) (State) A. A. Co. Md.
DATE REC'D BY LOCAL REG. 12-1-49	REGISTRAR'S SIGNATURE Albert Swankham	24. FUNERAL DIRECTOR William A. Jackson	ADDRESS 916 Penna Ave

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11663

Reg. Dist. No. 82

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeville | LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridgeville
STREET ADDRESS (If rural, give location) Rural - Mt. Airy.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) May (Last) Snowden
4. DATE OF DEATH: (Month) Dec. (Day) 30, (Year) 1949
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed.
8. DATE OF BIRTH: 6-9-1881
9. AGE last birthday: 68 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U. S.
13. FATHER'S NAME: William Schinor
14. MOTHER'S MAIDEN NAME: Sarah Baker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Gilbert Snowden Mt Airy Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute uremia, due to — 3 da

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
450.0 (b) Chr. Interstitial Nephritis - due — ?
131.0 (c) to Arterio - sclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Hemiplegia — 6wks

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 26, 1949, to Dec 30, 1949, that I last saw the deceased alive on Dec 30, 1949, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE J. Stanley Grabill (Degree or title) — M.D. — ADDRESS Mt Airy. Md — DATE SIGNED 12/30/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 1-2-1950 — NAME OF CEMETERY OR CREMATORY: Bethesda — LOCATION (City, town, or county) (State): Brownings ville, Md.

DATE REC'D BY LOCAL REG. 12/31/49 — REGISTRAR'S SIGNATURE Wm D Snyder

24. FUNERAL DIRECTOR: C M. Waltz — ADDRESS Winfield. Md.

RECEIVED
JAN 4 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11664

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. 6

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.D. 6

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) May (Last) Stem

4. DATE OF DEATH (Month) Dec. (Day) 17 (Year) 1949

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH March 12-1866

9. AGE last birthday 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Poole

14. MOTHER'S MAIDEN NAME not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mrs Orville C. Zepp Westminster 6, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
443	Immediate cause	(a) Myocarditis (chr.)	1½ yr.
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, Asthma,	2 yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1938, to 12-17, 1949, that I last saw the deceased alive on 12-16-, 1949, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE W. C. Jennette MD. (Degree or title) ADDRESS Westminster Md DATE SIGNED 12-17-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Dec. 20-1949 NAME OF CEMETERY OR CREMATORY Taylorsville Cemetery LOCATION (City, town, or county) Taylorsville (State) Md.

DATE REC'D BY LOCAL REG. 12/19/49 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR H Bankard & Son, Westminster, ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 22 1949
BUREAU V. S.

11665

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) since 10/6/12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) unknown

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sodick	Sydney	Strauss	12	26	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	~~August 1873~~ unknown	76 ? yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
clerk	---	Baltimore City	United States

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eleasar Strauss	Henrietta Frank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
unknown / unknown	unknown	Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerosis	unknown
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 132	(b) Nephritis	3 weeks
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency — 39 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
---	---	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
---	---	---		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--- m.	---	---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to 12-26, 1949, that I last saw the deceased alive on 12-26, 1949, and that death occurred at 8^05 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin Gross, M.D.	Martin Gross, M.D.	Sykesville, Md.	12/27/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12-28-49	Hebrew Rem.	Balto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 27, 1949	C. Harry Weis	Jack Lewis Inc	2100 Eutaw Pl

RECEIVED
DEC 29 1949
BUREAU V. S.

11666

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester; MARYLAND; LENGTH OF STAY (in this place) 26 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Paul (Middle) Edgar (Last) Wildasin

4. DATE OF DEATH: (Month) 12 (Day) 3 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3-4-23

9. AGE last birthday: 26 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser

10b. KIND OF BUSINESS OR INDUSTRY: Sewing Factory

11. BIRTHPLACE (State or foreign country): Carroll Co. Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ralph Wildasin

14. MOTHER'S MAIDEN NAME: Grace A Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-18-8853

17. INFORMANT: Grace A. Smith Wildasin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Aortic Insufficiency	2 yrs
Antecedent cause(s)	(b) Rheumatic Heart Disease	16 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sub-Acute Bacterial Endocarditis (Horder) — 3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to Dec 3, 1949, that I last saw the deceased alive on Dec. 2, 1949 and that death occurred at 5:10 a.m., from the causes and on the date stated above.

SIGNATURE: Maurice C. Porterfield (Degree or title) M.D. ADDRESS: Hampstead, Md. DATE SIGNED: 12-5-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE: 12-6-49; NAME OF CEMETERY OR CREMATORY: Black Rock, Pa.; LOCATION (City, town, or county) (State): Wyck, Penna.

DATE REC'D BY LOCAL REG.: Dec. 5/49; REGISTRAR'S SIGNATURE: Mrs. A. P. L. Denner

24. FUNERAL DIRECTOR: Jacob White's Sons; ADDRESS: Manchester, Md.

RECEIVED
DEC 10 1949
BUREAU V. S.